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Department of Health: DVA Implementation Follow-up

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1. Introduction

During 2009 the Portfolio and the Select Committee on Women, Children and People with Disabilities conducted joint public hearings on the implementation of the Domestic Violence Act (No 116 of 1998). A key outcome of the hearings related to following up on the recommendations that emerged by conducting oversight by holding Government Departments to account through reporting to the Committees and for the Committees to oversight visits.

As a follow up mechanism to achieve the aforementioned objective of the public hearings, the Portfolio and Select Committees had sent forth correspondence to various Departments in this regard for which the Department was kindly requested to submit the relevant information. Appendix A lists all the questions that sent to the Department of Health during November 2011. At the drafting of this paper, the Department had not sent forth a response in relation to the questions.

The purpose of this paper is to outline what the health issues and recommendations emerged at the public hearings as noted previously. Following on from that to highlight based on oversight conducted what were the findings that bare relevance to matters related to the Department of Health and domestic violence. The Portfolio Committee has undertaken oversight visits to the Limpopo, Kwa-Zulu Natal, Eastern Cape and Western Cape Province as a direct follow up to the aforementioned public hearings and as such visited several health facilities to ascertain how services are rendered to victims of domestic violence and what the challenges are. The paper concludes with important issues and questions for consideration.

2. Public Hearings of 2009 – Implementation of the Domestic Violence Act

A summary of the key issues and recommendations from the public hearings are outlined below.

2.1 Key issues

The following issues pertaining to health matters emerged from the public hearings:

(a) Forensic specialists were a scarce resource which directly impacts on the ability to provide medico-legal services to victims of domestic violence.
(b) It was highlighted that there appeared to be little or no follow-up of victims of domestic violence after they initially visit a health facility.
(c) Health care professionals had been reported to subject victims of domestic violence to secondary victimisation and were often not held accountable for this.

(d) Many health care professionals did not know about the Domestic Violence Act.
(e) There was a need for holistic care provisions to victims of domestic violence particularly in relation to psycho-social trauma.

2.2 Recommendations from the DVA public hearings

The following were recommendations that emerged from the DVA public hearings of 2009 that related to the improvement of "HEALTH SERVICES":

2.2.1 Psycho-social support

(a) A review of existing services and programmes must be done to determine where services are absent or need to be up-scaled.
(b) An audit of Government personnel rendering psycho-social support should be undertaken to determine where the skills shortages were and a plan should be devised to address the shortfall. Identify a recruitment strategy to increase the cadre of skilled personnel e.g. bursaries for psychologists, occupational therapists etc.
(c) A review of existing programmes was required that was focused on the rehabilitation of perpetrators to determine whether these programmes were effective and could be demonstrated to bring about change in the abusers' behaviour. Where such programmes could be identified, their replication may be considered. To this end, such programmes must be equipped with suitably- trained personnel and adequately resourced.
(d) It was proposed that Thuthuzela Care Centres and the services offered should be made available for victims of domestic violence and not only be limited to rape survivors.

2.2.2 Effective information systems

(a) An effective systemised screening within and across government departments such as Health, Education and Police, for domestic violence against children and women was lacking. For example, a victim of domestic violence can present numerous times at a health care facility but this information maybe absent at the Department of Police if a case has not been opened. A framework for screening was required and a mechanism for locating pertinent information regarding the victim. This could be achieved by establishing databases at hospitals and schools in order to identify victims of violence. This could monitor trends and incidences of violence as it relates to particular demographics. Databases can also be used to identify and refer victims to the necessary and appropriate psychosocial services based on their specific cases.

2.2.3 Policy and strategy development

(a) The Department of Health should develop a comprehensive health sector policy to deal with domestic violence. Such a policy must clearly outline the roles and responsibilities of health care workers, the training required by health workers to implement the policy, a monitoring and evaluation strategy as well as a budget to

effectively implement such a policy. It would be imperative that a policy of this nature should be developed in consultation with civil society organisations rendering services to victims of domestic violence to ensure effective networking and referral between role players concerned. It is Parliament's role to oversee that the policy is developed and implemented.

(b) It was recommended that the Department of Health should develop a strategy to work with the Department of Police in ensuring that victims of domestic violence are taken to a medico-legal facility to have the incident reported officially. This in turn would require that health personnel should be adequately trained and competent in documenting the nature and extent of the injury and be able to testify in a court of law.

(c) In the context of the HIV and AIDS pandemic, the Department of Health should develop a plan stipulating how the existing public communications campaigns will address domestic violence in the current messaging. A targeted strategy was required to deal with women in abusive relationships who had limited choices in terms of applying the Department's current prevention strategies (abstain, be faithful, use a condom).

3. Committee Oversight (2010-2011)

As a follow-up to the public hearings that was conducted in 2009, the Committee undertook oversight to the, Limpopo, Kwa-Zulu NatakEastern and Western Cape

3.1 Key issues

3.1.1 Limpopo Province

Tshilidzini Thuthuzela Trauma Centre

During 2009, the Committee visited the Tshilidzini Thuthuzela Trauma Centre. The Centre accommodates victims of domestic violence and is located at the Tshilidzini hospital. The hospital offered the following services to victims of domestic violence:

1. Debriefing to victims of abuse
2. Examine victims when in hospital and offer them medical supplies
3. Refer victims to social workers, police officials and to the Department of Justice for assistance.
4. Provide short term accommodation to victims of domestic violence.

The Committee was informed at the time that girls were mostly sexually assaulted as well as boys from prisons. The Committee was informed that between May – July 2010, the following rape cases were reported:

May: 36 cases were reported, 1 male and the rest were females range from 06 -82 years old.
June: 32 cases reported, age between 5 – 13 years and the oldest was 80 years old.
July: 2 males, 5 year old child and a person with disability.

The Committee was informed that the following were challenges faced by the hospital:

(a) Withdrawal of cases by the victims.
(b) Office space resulting to services not rendered to the victims.
(c) Shelter for victims- building currently used to accommodate victims is problematic because of materials used to build the shelter.
(d) Forensic nurse not available in hospital. The hospital trained 3 nurses to be forensic nurse but have lost them to other institutions

The hospital at the time had 6 social workers and one auxiliary worker dealing with victims of domestic violence and one psychologist and sometimes requested district psychologists for assistance. The hospital had one gynaecologist and 2 paediatricians to assist children who were abused.

Donald Fraser Hospital

The Committee visited the Thuthuzela Trauma Centre which is based at Donald Fraser Hospital. The Committee was informed that the hospital offered the following services:

(a) Trauma debriefing to victims of domestic violence and abuse
(b) Refer victims to relevant professional institutions for further assistance and interventions such as social workers, police, doctors and the magistrate.
(c) Ensure that victims are examined where there are physical injuries.
(d) Offers court support.
(e) Monitor the status of the victim's cases to ensure that justice is done.

Positives

(a) The South African Police assist in transportation of victims to the magistrate courts for protection orders.
(b) The hospital also plays a crucial role to assist victims by providing supplementary services.
(c) Accompany victims to collect their belongings for protection purposes.
(d) Victims do not have to go the police stations to open cases, police officials come to the trauma centre to assist victims to lay charges against perpetrators.
(e) Victims are also of the status of their cases and victims report their cases of abuse.

Challenges

(a) Withdrawal of cases by victims which might be the cause for circle of abuse.
(b) Shortage of office space including the play room for children.
(c) No shelter around the district for victims of abuse except for the safe house which does not provide long term accommodation.

Committee's Observations

Having visited the hospitals and police station, the Committee made the following observations:

(a) Shortage of staff which included forensic nurses, psychologists and social workers to deal with victims of domestic violence.

(b) Shortage of shelters to accommodate victims of domestic violence for long term purposes.
(c) Lack of understanding by police officials on dealing with victims of domestic violence and the Domestic Violence Act, 1998.

3.1.2 Kwa-Zulu Natal Province

During 2011, the Committee conducted oversight in the Kwa-Zulu Natal Provinces and met with several non-governmental organisations dealing with victims and perpetrators of domestic violence and sexual abuse in the province. Based on the engagement with NGO's several issues were identified and included the following:

- There was an increase in reported crimes against children, particularly rapes and sexual assault. The increase was particularly observed in the Western Cape, Kwa - Zulu Natal and Gauteng Provinces.
- There was a concern on the death of children and lack of service delivery.
- Poor or no follow up by social workers when a case of child abuse was reported from the Childline crisis and counseling line, particularly from North West (child died because social worker never followed up) and Limpopo Provinces (follow up never made when a father called and the child died due cases related to organ transplant).
- Poor implementation of laws impacted on service delivery. It was noted that in the event that cases of child abuse and sexual assault/rape were reported, a withdrawal statement was signed without the child understanding the implications. Hence, children were turned away by police officers at police stations.
- Duplication of provisions in legislation and waste of resources in terms of child protection and sexual offender registers.
- Lack of training of those who rendered services to children. That contributed to poor service delivery and secondary traumatisation of children. Low literacy levels amongst police officers at front desk resulted in reluctance to complete forms or poor quality of statements. Senior police officials received training but the information was not filtered down to lower level workers.
- The saliva of children with children being used for muti purposes. Children were injured in the process as they developed mouth ulcers.
- Widows who were HIV positive were raping young boys with intellectual disabilities believing that the myth that having sexual intercourse (without condoms) with young boys would take away the women's "bad luck" also known as "isinyama".

3.1.3 Eastern Cape Province

During 2011, the Committee undertook oversight in the Eastern Cape – specifically the Alfred Nzo District and visited the Taylor Bequest Hospital in the Matatiele Municipality.

Taylor Bequest Hospital, Matatiele

The Committee met with officials at the Taylor Bequest Hospital whereby the following issues were raised:

- 62 domestic violence cases were treated at the emergency room including children and women since January 2011.
- There were no shelters for abused women that health care professionals at the hospital could refer patients to in the area. The existing shelter accommodated only children.
- There was a shortage of professional nursing staff at the hospital and adequate infrastructure example (boardrooms, or staff rooms), Only 2 social workers were available from Monday to Fridays during office hours.
- Maternal deaths were largely attributed to HIV/AIDS and related causes. The causes of infant mortality were HIV/AIDS related.
- Pregnancies under 18 years were very high in the area. Anecdotal evidence suggested that pregnancies under 18 years were related to girls who resided in hostels at boarding schools.
- Out of termination of pregnancies of an average of 50 -65 patients, only 10 actually proceeded, the rest were referred, never returned or declined.

3.1.4 Western Cape Province

During 2011, the Committee in collaboration with the Portfolio Committee on Basic Edcation also undertook oversight in the Western Cape Province to Delft and visited the Delft Community Health Care Centre, Rosendale High School and Delft Police Station.

The following challenges were identified at the Community Health Care Centre:

(a) Shortage of school nurses to educate learners on teenage pregnancy.
(b) Some School Governing Bodies who did not allow programmes on teenage pregnancy making it difficult for the health care centre to educate learners.
(c) Poor socio-economic conditions such as poverty and unemployment which contributed to infant mortality in the area.
(d) High rate of termination of pregnancy and the lack of family planning programmes which would assist to reduce the termination of pregnancies.

The delegation made the following observations:

(a) There was a shortage of professional staff such as social workers, school nurses and psychologists in the area to support learners.
(b) The poor socio-economic conditions in the area such as poverty and unemployment contributed to the incidence of teenage pregnancy and substance abuse by learners.
(c) There was a high rate of termination of pregnancy which traumatized learners and no counseling offered to learners.
(d) Despite challenges faced by the institutions, there was a working relationship between the school, police officials, the non – governmental organizations and the community health care centre to support learners.

Having undertaken the oversight visit and made observations, the delegation concluded that:

(a) There was a need for professional staff in all institutions which would support the learners in ensuring that they had access to quality education.
(b) Due to the socio-economic conditions such as poverty and unemployment, there was a need for Departments such as Social Development, Health, Labour and Police to work together to uplift the community.

3.2 Recommendations

After concluding the oversight visits in each province, the Committee tabled reports clearly outlining the recommendations that were derived – these are listed below for each province.

3.2.1 Limpopo Province

Having deliberated on observations during the Limpopo oversight, the Committee made the following recommendations

(a) The Department of Health and Social Development should employ more forensic nurse, psychologists and social workers to assist victims of domestic violence in hospitals.

3.2.2. Kwa-Zulu Natal and Eastern Cape Province

The Department should be made aware of the following concerns:

(a) High maternal deaths and infant mortality.
(b) High numbers of teenage pregnancies points to a need for improving sexual reproductive health care and family planning programmes.
(c) Significant number of women who were not followed up after consultation on termination of pregnancy.
(d) Lack of professional nurses.
(e) Need for specialist professionals to deal with psycho-social rehabilitation.

3.3.3 Western Cape Province

(a) The Departments of Basic Education, Health and Social Development should work together to address challenges faced by the schools and the community.
(b) The Department of Basic Education should ensure that the Sexual Harassment and Teenage Pregnancy Policies are implemented.
(c) The Department of Basic Education should ensure that parents/communities are involved in the activities of the school.
(d) Awareness campaigns on teenage pregnancies and substance abuse should be regularly held by the Department of Basic Education.

4. Conclusion

In conclusion, it would be important to ascertain from the Department what progress has been made in relation to the implementation of the Domestic Violence Act. Thus building on from questions that have been sent to the Department previously as well as drawing on issues that emerged during oversight visits. Herewith additional questions for consideration:

(a) Has the Department of Health developed a comprehensive health sector policy to deal with domestic violence? If not why not. Alternatively if such a policy exists, how has it been implemented and evaluated?
(b) How are health care professionals in the under-graduate and post-graduate levels being effectively trained and equipped to deal with domestic violence?
(c) How many forensic social workers and nurses are within the employ of the Department of Health at present? Where are these professionals based - at a tertiary/ secondary and or primary health care level?
(d) What is the nature of the psycho-social support currently being offered to victims of domestic violence by the Department of Health? How effective are these services? How is continuity of care enabled for a victim of domestic violence?
(e) What is the nature of the relationship between the Department of Health and Thuthuzela Care Centres?
(f) How are services adapted to ensure that victims of domestic violence receive adequate and appropriate care insofar as gender, age (child-friendly) and disability is concerned?
(g) How many state forensic laboratories are there? What is the current turn over time for forensic laboratories to deal with cases?

Appendix A: List of Questions sent to Department of Health

Psycho-social support

1. Is there a recruitment strategy is established to increase the team of skilled personnel with specific reference to domestic violence.
   (a) Has the Department identified a recruitment strategy to increase the team of skilled personnel e.g. bursaries for psychologists, occupational therapists etc.?
   (b) How many perpetrators of domestic violence have received psycho social services from the Department in the period September 2010 – September 2011?

Databases

2. The public hearings revealed a need for effective databases within and across government departments.
   (a) To what extent is the Department collaborating with other departments such as the SAPS to ensure that databases are kept up to date, and to ensure that cases are tracked and well documented?-this is specifically relevant in recurring domestic violence cases.

Training

3. In the period September 2010 – September 2011, how many health officials were trained in dealing with domestic violence?
4. What has been done to adequately train officials attending to victims regard imparting information to victims about referrals to safe homes, and information on follow up treatment where necessary?
5. To what extent is the Department collaborating with other departments such as the SAPS to ensure that databases are kept up to date, and to ensure that cases are tracked and well documented?-this is specifically relevant in recurring domestic violence cases.